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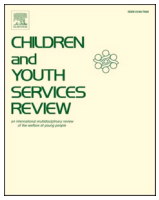

The incredible years parenting program for foster carers and biological parents of children in foster care: A mixed methods study

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ABSTRACT

Trauma-related social, emotional and behavioral difficulties (SEBD) are common among children in foster care and are the primary reason for placement breakdown. SEBD in foster children – and especially in the context of unstable and troubled relationships with both foster and biological parents - affects the child's future functioning and has substantial cost implications in terms of public service utilization. The aim of this study was to assess the utility and perceived effectiveness of the 18-week Incredible Years parenting program (IYPP) which was delivered, on an exploratory basis, to both biological and foster parents (including kinship and non-relative care) of 23 foster children (aged 3–10 years). Biological and foster parent pairs (n = 46) were assessed at pre-intervention and at 6-month follow up, using measures of child SEBD, parenting stress, competencies, and quality of child-parent/carer relationships. One-to-one interviews and a focus group were also undertaken with a subset of biological parents (n = 12), foster carers (n = 11) and Social Work clinicians (n = 5) who delivered the program; the findings were analyzed using grounded theory. Both biological and foster parents reported statistically significant improvements in child SEBD, parent–child relationships, and in parenting stress and competencies. The qualitative findings highlighted further benefits for families, such as an increased number of access visits between biological parents and children and improved relationships with Social Work clinicians. Several factors were identified as important when implementing the IYPP with foster children, including: potential difficulties in engaging both foster and biological parents within the Social Work infrastructure; making appropriate adaptations to program principles, and integrating delivery with a trauma-informed approach. These findings contribute to the growing body of evidence that the IYPP could add value to the standard training and supports for foster parents, children and biological parents.

1. Introduction

There has been a growing trend, internationally, toward placing children in foster care in preference to residential units, with evidence indicating consistently better experiences and less internalizing and externalizing problems when compared to children in residential care (Li, Chng, & Chu, 2019). Ireland is one of the largest providers of foster care in the world; for instance, in 2016, 93% of the 6420 children in Ireland living in out-of-home placements were in foster care and 7% were in residential settings (McHale & O'Brien, 2017). Foster care in Ireland includes both kinship and non-relative care, with 29% of foster children living in kinship care and 71% in non-relative care (Health Information and Quality Authority [HIQA], 2019). Tusla, the Child and Family Agency in Ireland, indicates that, where possible, kinship care is preferable to non-relative care as it is seen as less disruptive to children (HIQA, 2019). Within the Irish child welfare system, both kinship and non-relative carers undergo an identical assessment process and are offered similar support and training options. The initial three-day foster training course involves modules on safe caring, valuing diversity, recording, child protection, promoting positive behavior, teamwork, attachment and access visits. Foster parents are also provided with an allocated Fostering Social Worker, access to therapy and an educational officer, and are offered follow-on training courses in health and safety, life story work, advanced attachment and preparing for leaving care

Abbreviations: SEBD, social, emotional and behavioral difficulties; IYPP, Incredible Years parenting program.

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(HIQA, 2019).

Nevertheless, despite the range of supports provided, due to chronic and serious maltreatment, children in foster care are three to ten times more likely to suffer from social, emotional, and behavioral difficulties (SEBD) than other children (Bovenschen et al., 2016). Research indicates that half of children in foster care have clinically significant SEBD and that almost three-quarters present with symptoms of SEBD (Sempik, Ward, & Darker, 2008), and are, therefore, at increased risk of lifespan mental health difficulties, substance misuse, poor school achievement and exclusion, future antisocial and criminal behavior, and higher utilization of health, social, and legal services (Roberts, Jones, & Scott, 2004). Furthermore, trauma-related SEBD, combined with the foster parent's lack of skill and support in managing such behavior, are key contributory factors to placement breakdown (Chamberlain et al., 2006; Egelund & Vitus, 2009). Although it is government policy in Ireland, and elsewhere, to provide support and training for foster parents (McHale & O'Brien, 2017), the provision and efficacy of such foster training is mixed and can vary by geographical area, whilst often not providing foster parents with sufficient skills to manage trauma-related SEBD (HIQA, 2019; Roarty, Leinster, McGregor, Devaney, & Moran, 2018; Solomon, Niec, & Schoonover, 2017).

A factor that is rarely considered in supporting foster children is the typically difficult and/or distant relationship with biological parents, which may further undermine placement stability and damage the child's wellbeing and sense of identity (Slettebo, 2013). Typically, interventions for foster children do not involve the child's biological parents and Social Work practice across many countries (e.g. the UK, Ireland, Sweden, Norway and the US) is perceived as not supportive of biological families (Roarty et al. 2018; Slettebo, 2013). This seems unhelpful for three reasons. Firstly, placement disruption is common; for instance, 25 to 50 per cent of children placed in care reunify with their biological family at some point (Sallnas, Vinnerlijung, & Kyhle Westermark, 2004; Terling, 1999; Vinnerlijung, Sallnas, & Berlin, 2017). Consequently, children may benefit from biological parents attending parent training in order to improve their parenting competencies. Secondly, even where foster placement is permanent, and reunification is not a goal, evidence indicates that the positive involvement of biological parents with their child, enhances child wellbeing and placement stability, as well as improving the mental health and self-care capacities of the biological parent (McWey, Acock, & Porter, 2010; Schofield et al., 2011; Slettebo, 2013). Thirdly, anecdotal evidence suggests that a large proportion of children return to live with their biological parents/families when they leave the foster care system between the ages of 18–23 years (Health Services Executive, 2006). Arguably therefore, evidence-based interventions are necessary to support both foster parents in managing child SEBD and biological parents in developing a more positive relationship with their child.

The Incredible Years parenting program (IYPP) has a strong evidence base internationally, in terms of improving challenging behavior in children who live with their biological families, including those living in socially deprived settings (Furlong et al., 2012; Gardner et al., 2019). Webster-Stratton - the developer of the Incredible Years programs - recommends the IYPP for use with children in foster care (Webster-Stratton, 2014). The IYPP targets SEBD in children aged 3–10 years, using 12–18 weekly, two-hour, parent group sessions with two trained facilitators. Behavioral and social learning principles are used to teach positive parenting skills, including play, attention and involvement, listening, problem solving, praise, incentives, limit setting and other non-aversive discipline strategies. The IYPP uses videos, role-plays, modelling, group discussions, homework assignments and mid-week phone-call support to help parents rehearse and adopt positive parenting strategies (Webster-Stratton, 2014).

To date, several small-scale studies have produced preliminary promising support for the efficacy of the IYPP in improving outcomes for foster children and carers. For instance, two randomized controlled trials (RCTs) indicated significant improvements in foster carers' wellbeing and competencies (Bywater et al., 2011; Linares, Montalto, Li, & Oza, 2006), whilst another RCT and a non-randomized controlled study produced non-significant positive trends in these domains (Edwards, 2002; Nilsen, 2007). Child SEBD was also significantly reduced in two of the studies (Bywater et al., 2011; Nilsen, 2007), while the other two produced positive (non-significant) trends in this direction (Edwards, 2002; Linares et al., 2006). In addition, two small pre-post studies (without a control group) reported significant improvements in child conduct problems, foster-parent competencies and stress (Henderson & Sargent, 2005; McDaniels, Baiden, Onyekwelu, Murphy, & Regan, 2011). It should be noted, however, that with the exception of one study (Linares et al., 2006; n = 128), sample sizes were small, ranging from 13 to 46 participants. Therefore, evidence for the program in supporting foster children and carers is still at an early stage. In addition, there has been very little qualitative analysis of the experiences of service users and providers in attending/implementing the IYPP with this population.

Moreover, only one study, to date, has assessed the utility of the IY parenting program for biological parents whose children are in care (Linares et al., 2006). In the Linares' study, both biological and foster parents (pairs) of children aged 3–10 years attended the same IY parenting group. The intervention led to significant improvements in the parenting competencies of biological parents and enhanced relationships with both their child and the foster carer. The children in this study were all in temporary foster placements (<8 months) where the goal was reunification with the biological family. Therefore, it is not yet known whether positive effects would translate for biological parents whose children are in longer-term/permanent placements. In addition, no qualitative analysis was undertaken to explore of the experiences of involving biological parents in the intervention.

The aims of the current study were to undertake a mixed methods study: (1) to assess the utility and feasibility of the IYPP in supporting the needs of children in care through parent training for foster and biological parents; and (2) to explore the experiences of biological and foster parents, and service providers, in order to identify key experiences, processes of change, and barriers and facilitators of implementation.

2. Method

2.1. Participants and settings

Foster parents (n = 23) and biological parents (n = 23) of 23 foster children were recruited through a statutory, publicly-funded Social Work practice located in an urban area in Dublin (Ireland) that is designated as disadvantaged according to information on demographic profile, social class composition, and labor market situation (Haase, Pratschke, & Gleeson, 2017). Foster and biological parents (linked pairs) of foster children were eligible to participate in the study if the child was aged between 3 and 10 years and had been placed in foster care for more than eight months. The age range was restricted to 3–10 years because the skills taught in the Incredible Years Parenting Program (IYPP) are suitable for that age group. Both kinship and non-relative foster carers were eligible to participate. Families were included if contact between the foster child and the biological parent occurred at least once every three weeks. If contact was on a monthly basis (or less), families were not included as there would be insufficient opportunities for the biological parent to implement the skills with their child during access visits within the study timeframe. By way of context, typical contact patterns between foster children and their birth families in Ireland range from several times a week to monthly contact, with more than 50% of foster children having at least weekly contact with a family member (HIQA, 2019). Patterns of contact with biological parents do not vary significantly in terms of being placed in a kinship or non-relative placement; rather, contact tends to vary more in terms of family circumstances (e.g. reason for child being in care, location of foster home placement, and

current wellbeing of child and birth parent) (HIQA, 2019). It should be noted that Tusla (the Child and Family agency in Ireland) undertake considerable efforts to place children in foster homes as close as possible to their biological parents and this is usually possible within Ireland as it is a small country.

Where there was more than one foster child in a foster family, the foster parent selected the foster child with whom they experienced the most challenges as the index child. The Social Work clinicians liaised with a range of professionals within their agency in order to recruit families to the study, including, for example, Fostering Social Workers allocated to the foster parent, Access Workers[1] linked to the biological parent, and Social Workers allocated to the child in care. In total, 36 pairs of parents were targeted, with a response rate of 64% (23 parent pairs). Those who declined to participate did so because they were not interested or available. It was not possible to approach more families within the 10-month time frame and resource limitations of the study.

Participants also included Social Workers and Family Support Workers (FSWs) (n = 5) who coordinated and delivered the IYPP. Clinicians were four female, one male, with a mean age of 46 years, all accredited in the IYPP, and each with at least six years' experience in delivering the IYPP.

2.2. The intervention

The 18-week version of the IYPP was delivered to both biological and foster parents as this longer program is more suitable for foster children and for families from socially deprived backgrounds than the 12–14 week version (Webster-Stratton & Reid, 2010, 2011). Separate groups of the IYPP were delivered for biological parents and foster parents. Two parent groups were run for biological parents (n = 11 and n = 12) and two for foster parents (n = 13, n = 10). The sequence of session topics for children who have been maltreated is similar to standard IYPP protocols but, in line with clinical recommendations, has an enhanced focus on parent–child attachment and play, emotional and social coaching, parental attributions and self-talk, monitoring and self-care. In addition, it is recommended that the format of the program is modified to meet the needs of child welfare populations, with added home visits to coach parents, and education of Social Work personnel in IY principles (Webster-Stratton, 2014). Table 1 provides a comparison of the standard and modified IYPP protocols. Free transportation, crèche facilities, and meals were provided for all participating families.

The second component of the intervention involved the IY home-visitor program, which is a one-on-one, 12–18 week, parent-coach model designed to reinforce and model key skills taught within the IYPP (Lees, Fergusson, Frampton, & Merry, 2014). The IY home-visitor program was delivered by trained FSWs to all biological parents (and to foster parents when requested) within the home setting. The home-visitor program was run in parallel to the IYPP.

All IY facilitators received regular fortnightly supervision from a certified IY trainer. Session checklists and protocols were followed.

2.3. Measures

A battery of questionnaires was administered to biological parents and foster parents at pre-intervention and at six-month follow up (i.e. at two months post intervention). Each questionnaire is described below.

Child behavior and wellbeing was assessed using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) which was administered to both biological and foster parents. This consists of five subscales relating to emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior. A 'Total Difficulties' score of 17 or above indicates a clinical level of behavioral difficulties (Goodman, 1997) and was reported in this study. The Cronbach's alpha for the scale indicated good internal consistency (0.81).

Table 1
Adapting the IYPP for child welfare populations.

Standard IYPP	Modified IYPP
Standard session topics	Cover standard topics but increase focus on parent–child attachment and play, emotional and social coaching, parental attributions and self-talk, monitoring and self-care. Less emphasis on academic readiness or time-out strategies with biological parents whose children do not live with them
Dosage – 12–14 sessions	18 sessions – may take longer to master the material
Format - roleplays, vignettes, discussions on child development, home activities	Additional vignettes, roleplays and discussions tailored to welfare populations. Home activities adapted for biological parents whose children do not live at home with them
Relationship-building techniques	Enhanced relationship-building techniques to build trust, e.g. supporting and praising parents, collaborative learning, weekly facilitator phone calls to parents, peer phone calls
Core model does not offer home visits	Offer home visits to coach parents in the home setting
Standard IYPP does not address collaborating with caseworker or access visits	Educate caseworkers on IY principles for child welfare populations

Parenting stress and parent–child interaction were assessed using the Parenting Stress Index (Short Form) (PSI; Abidin, 1995) and was administered to both biological and foster parents. The PSI comprises three subscales including 'parent distress', 'parent–child dysfunctional interaction' and 'difficult child'. The child and parent domains can be combined into a Total Stress Scale (as reported here). Scores of 90 and above on the Total Stress Scale indicate a clinical level of parental stress (Abidin, 1995). The Cronbach's alpha for the Total Stress Scale was 0.79. Both sets of parents also completed the Child-Parent Relationship Scale (CPRS; Pianta, 1997) which incorporates two subscales that assess the degree of closeness and conflict in the parent–child relationship (Pianta, 1997). There is no total score so only subscale scores are reported here. With regard to the closeness scale, mean scores of 37.44 and 33.73 have been reported for primary caregivers of 5–8 year olds in the US and Ireland, respectively, whilst mean scores of 15.67 (US) and 14.95 (Ireland) have been reported for the conflict scale (Driscoll & Pianta, 2011; Murray, McNamara, Williams, & Smyth, 2019). Again, the Cronbach alpha values for both sub-scales indicated good internal consistency in the current study (0.75 for the 'closeness' and 0.77 for the 'conflict' subscales).

Parental satisfaction and efficacy in the parenting role was assessed with biological and foster parents using the Being a Parent scale (BAP; Johnston & Mash, 1989). The BAP has two subscales – parenting satisfaction and sense of efficacy – and a total score. We reported on the total score in the study. Higher scores indicate greater parental esteem. The internal consistency coefficient for the Total score was 0.86.

General mental health and wellbeing was assessed using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007) and was delivered to both sets of parents. The WEMWBS has a total score measuring the affective and functioning aspects of mental wellbeing. Higher scores indicate better mental health. The internal consistency coefficient for the Total score was 0.91.

A *Profile Questionnaire* was devised for the purposes of the study in order to gather demographic and background information on participating families, including age, sex, socioeconomic details, education, history of mental health challenges, substance misuse, homelessness, criminality, and adverse childhood experiences.

[1] The role of the Access Worker is to supervise access visits between children and non-custodial biological parents.

2.3.1. Qualitative measures

A semi-structured interview schedule was devised for the purposes of conducting one-to-one interviews with a subset of the biological parents (n = 12) and foster parents (n = 11) following program delivery. Twenty-three parents were approached for interview and all agreed to participate. Parents were selected based on maximum variation sampling in order to represent the larger sample, including variables such as: parent group attended, age of foster child, length of foster placement, kinship or non-relative foster care, and contact patterns with the biological parent. Fourteen of the 23 participants were linked pairs of parents to the same foster child (i.e. 7/12 biological parents and 7/11 foster parents). The interviews took place within participants' homes or at a venue of their choice, and lasted 30–45 min. The interview schedule comprised a number of questions aimed at exploring perceived outcomes, processes of change, and challenges.

A Topic Guide was developed for the purposes of conducting a focus group with the Social Workers and FSWs (n = 5) following intervention delivery in order to assess their experiences of implementing the IYPP with this population.The focus group took place within the Social Work practice and lasted 90 min. All interviews took place at two months post-intervention, and were digitally recorded and transcribed verbatim by the research interviewer (MF).

2.4. Analysis

Changes in outcomes from pre to post intervention for both biological and foster parents were assessed using repeated measures t-tests. Differences between biological and foster parents on baseline demographics and questionnaire measures were analyzed using the independent *t*-test for continuous data and the Chi Square Fisher Exact Probability test for binary data. Effect sizes are reported in line with the guidelines proposed by Cohen (1988) (0.01 = small effect, 0.06 = moderate effect, and 0.14 = large effect). The rate of, and reasons for attrition were noted and analysis was performed on all successfully collected follow-up data.

Data from the focus group and one-to-one interviews were analyzed using grounded theory in order to identify and organize emergent themes (Strauss & Corbin, 1998). Data were analyzed using line-by-line and focused coding, and constant comparison of data units to find similarities and variations within categories. Categories were further analyzed and organized in order to generate super-ordinate (or overarching) themes. Reliability and validity procedures included: audiotaped and verbatim transcription, an audit trail of coding, inter-rater reliability of themes on 12/46 (26 per cent) of the transcripts (conducted by second author, FMcL), seeking disconfirming case analysis and participant validation. The latter involved giving participants a copy of their transcribed interview and providing them with a list of themes analyzed from their transcript. Participants then had the opportunity to provide feedback on the themes.

3. Results

3.1. Quantitative findings

3.1.1. Baseline analyses

Both biological and foster parents (n = 46) were predominantly female, lone parents, had not finished high school, and lived in areas characterized by high levels of criminality and disadvantage. Biological parents reported significantly more mental health difficulties, substance misuse, previous criminality, homelessness, adverse childhood experiences, lower incomes and a higher level of social disadvantage when compared to foster carers (Table 2).

Foster carers had, on average, seven years' experience of fostering children (SD = 3.34, range 2–12 years) and had fostered seven children each (SD 2.86, range 3–11). Approximately half of the foster parents were kin carers (n = 11) and half were non-relatives (n = 12). In addition, half of the foster carers were currently fostering other children besides the index foster child and half were also currently rearing their own biological children. The foster children in this study (n = 23) were mostly boys (69%) aged 6 to 8 years. Mean duration of their current foster placement was three years (SD = 1.79), and 65% of the children had lived in more than one placement. Most of the children also had siblings in foster care (75%) and experienced learning difficulties, such as dyslexia (57%). Twelve of the 23 foster children saw their biological parent at least once a week, 5 of whom were supervised by an Access Worker; 7 were unsupervised. Eleven foster children saw their biological parent once a fortnight and all were supervised. In some visits, siblings and grandparents were present with the biological parent. Approximately two thirds of access visits (15/23) took place in a Tusla Child and Family center, while 8/23 foster children saw their biological parent in a home setting, park, or shopping mall.

On average, both biological and foster parents reported clinically elevated mean scores at baseline, in child internalizing and externalizing behavior (SDQ > 17) and in parenting stress (PSI > 90). Using categorical data, 14 biological parents and 16 foster parents scored above the clinical cut-off point on the SDQ at baseline, while 17 and 13 in each

Table 2
Baseline characteristics of biological and foster parents (n, %).

	Biological parents (n = 23)	Foster parents (n = 23)	Comparison between biological & foster parents		
			p value	95% CI[a]	effect size
Gender (% female)	14 (61)	16 (70)	0.53	−0.09 [−0.36, 0.19]	0.01
Mean age (SD)	37.67 (10.38)	49.00 (16.01)	0.004**	−11.33 [−19.13, −3.53]	0.17
Lone family	17 (74)	14 (61)	0.34	0.13 [−0.14, 0.40]	0.02
Mental health difficulties	18 (78)	9 (39)	0.003**	0.39 [0.13, 0.65]	0.18
Substance abuse	17 (74)	0	0.00001***	0.74 [0.55, 0.93]	0.36
Previous homelessness	9 (39)	0	0.0002***	0.39 [0.19, 0.60]	0.27
Criminality (self)	12 (52)	0	0.00001***	0.52 [0.31, 0.73]	0.36
Criminality (family)	17 (74)	9 (39)	0.01**	0.35 [0.08, 0.62]	0.14
Weekly income - € (SD)	277 (61.6)	550 (53.88)	0.00001***	−273 [−306.45, −239.55]	0.36
Completed Junior Cert[b]	7 (30)	9 (39)	0.53	−0.09 [−0.36, 0.19]	0.01
Social disadvantage[c]	23 (100)	12 (52)	0.00001***	0.48 [0.27, 0.69]	0.36
Mean ACEs[d]	6.43 (3.68)	2.31 (3.43)	0.0001***	4.12 [2.06, 6.18]	0.29

*p < .05.
** p < .01.
*** p < .001.
[a] Confidence interval.
[b] Junior Certificate is a minimum standard qualification that takes place midway through high school in Ireland.
[c] Family disadvantaged compared to average social norms in Ireland (Haase et al., 2017).
[d] Adverse Childhood Experiences before age 18.

group, respectively, obtained scores above the PSI clinical threshold. Both sets of parents (>90%) also reported substantially higher than average conflict in their relationship with the child, but also, conversely, higher than average positivity in that relationship (CPRS: conflict and closeness scales). Foster parents reported better mental health (WEMWBS) and a more positive relationship with their foster child (CPRS: closeness scale) than biological parents. There were no other differences between groups at baseline (Table 3).

3.1.2. Pre-post analyses for biological and foster parents

Twenty of the 23 biological parents (87%) and all but two of the foster parents (21/23, 91%) attended more than half of the 18 sessions. Reasons for attrition included: relapse in alcohol misuse, bereavement, sickness, and other commitments. Follow-up data was successfully collected from all participants (n = 46).

Both biological and foster parents reported statistically significant positive improvements in child behavior, parent–child relationship, parenting stress, and parenting self-efficacy following the intervention (Table 4, Figs. 1 and 2). Biological parents also reported significant improvements in their mental health. No such improvements were seen amongst foster parents, most probably because they reported high levels of mental health at baseline and, therefore, there may have been limited scope for improvement in this regard. There were no significant differences between kinship and non-relative foster carers on outcomes. On average, both sets of parents indicated clinically significant improvements in their child's behavior (SDQ < 17) as well as in parenting stress and the parent–child relationship (PS I < 90) (i.e. mean scores shifted from the 'clinical' to 'normal' range on these measures). Specifically, 12 biological parents and 11 foster parents reported that the foster child had moved from clinical to normal scores on the SDQ, with 16 biological parents and 13 foster parents reporting clinical improvements on the PSI. Effect sizes for statistically significant results were typically large, i.e. > 0.14 (Cohen, 1988; Table 4). There were no significant differences in results when we removed parents (n = 5) who attended less than half of the sessions (i.e. to test for the effects of attrition). In addition, no significant differences were found with regard to contact frequency (weekly or more often) and supervision (supervised/unsupervised).

Table 3
Baseline measures of biological and foster parents (Mean, Sd).

Measures	Biological parents (n = 23)	Foster parents (n = 23)	p value	Mean difference 95% confidence interval	effect size
Strengths and Difficulties Questionnaire	18.42 (5.81)	20.63 (6.77)	0.23	−2.21 [−5.86, 1.44]	0.03
Parenting Stress Index	105.39 (33.69)	90.25 (37.51)	0.15	15.14 [−5.47, 35.75]	0.05
Child Parent Relationship Scale *Conflict scale*	36.27 (7.80)	34.86 (5.42)	0.48	1.41 [−2.47, 5.29]	0.01
Closeness scale	45.83 (6.48)	50.39 (3.11)	0.002**	−4.56 [−7.50, −1.62]	0.20
Being a Parent Scale	58.76 (8.38)	63.48 (16.75)	0.23	−4.72 [−12.37, 2.93]	0.03
Warwick-Edinburgh Mental Wellbeing Scale	44.32 (7.78)	52.13 (13.83)	0.02*	−7.71 [−14.29, −1.33]	0.12

* p < .05; ** p < .01; *** p < .001.

3.2. Qualitative findings

Two major themes and subthemes (described below) were generated from the analysis (Table 5).

3.2.1. Benefits and change process of IYPP

3.2.1.1. Parents' experiences. The findings from the qualitative interviews support and extend the results from the quantitative analyses. Both biological (n = 12) and foster parents (n = 11) reported being satisfied with the intervention in terms of benefits achieved for the parent–child relationship (e.g. warmer interactions), parental satisfaction and self-efficacy, and improvements in child social, emotional and behavioral wellbeing. Furthermore, most biological parents reported improved mental health and seven indicated that their access visits had increased as a result of their improved relationship with their child. A number of foster and biological parents (n = 9) also indicated that their relationships with Social Work clinicians had considerably improved as a result of the intervention. Both sets of parents reported a transfer of positive effects to siblings and/or other foster children within the foster family. Both also linked improvements to the implementation of key positive parenting skills, and to increased parental confidence and self-empathy as a result of receiving non-judgemental support from the group experience.

> "I hugged him last week. It was actually the first time." (*Biological parent of 10-year-old child*)
> "It's been magic seeing how the praise and play works and how she blossoms when I do it. Our relationship has come on so much and I'm allowed to see her twice a week now. I can't thank that course enough." (*Biological parent of 7-year-old child*)
> "The course has definitely helped my own confidence…It made me feel a lot better that I wasn't on my own…Life is smoother now. I wish I'd known about ignoring bad behavior earlier with the other foster children." (*Foster parent of 6-year-old child*).
> "It was the first time that Social Work actually listened to me and respected me as a person. They didn't treat me like I was just a terrible parent." (*Biological parent of 8-year-old child*)

Both sets of parents also commented on the complementary benefits of the IYPP being delivered to both biological and foster parents in terms of shared understanding, less parental stress and improved child behavior.

> "Definitely she was less upset from coming back from seeing her mother. The work that they [clinicians] were doing with her [biological parent] must've been working. It was much less stress for us at home." (*Foster parent of 5-year-old child*)
> "My son lives with my mother…I feel happier now we're both trying to deal with things in the same way, using the course. We would have argued a lot about how to handle him. That's not there now and he [son] is not lashing out as much." (*Biological parent of 10-year-old child*)

All parents indicated that they thoroughly enjoyed attending the IYPP, even though they had initial reservations about participation (e.g. a fear of revealing struggles to Social Workers and to the group). However, that fear was quickly dispelled through experiencing empathy and understanding from the group. Furthermore, parents indicated that the safety of the group experience was enhanced by only including either biological or foster parents. In addition, although foster carers within Ireland are offered a range of training courses, several foster parents recommended that that the IYPP was the most helpful in managing child SEBD.

> "We were all in the same boat so we didn't feel embarrassed that we didn't have our kids living with us. It wouldn't have worked if

Table 4
Pre to post intervention scores for biological and foster parents (Mean, Sd).

Measures	Biological parents (n = 23)				Foster parents (n = 23)			
	Baseline	Post intervention	Mean difference 95% CI[a]	ES[b]	Baseline	Post intervention	Mean difference 95% CI	ES
SDQ	18.42 (5.81)	13.06 (5.47)	- 5.36 [2.1, 8.62]***	0.40	20.63 (6.77)	15.36 (5.61)	5.27 [1.68, 8.86]**	0.32
PSI	105.39(33.69)	84.34 (12.45)	21.05 [6.37, 35.73]**	0.31	90.25 (37.51)	72.63 (11.44)	17.62 [1.59, 33.65]*	0.20
CPRS								
Conflict scale	36.27 (7.80)	31.59 (8.37)	4.68 [0, 9.36]*	0.16	34.86 (5.42)	29.91 (9.92)	4.95 [0.33, 9.57]*	0.18
Positive scale	45.83 (6.48)	44.02 (5.32)	1.81 [−1.62, 5.24]	0.05	50.39 (3.11)	50.04 (4.28)	0.35 [−1.81, 2.51]	0.00
BAP	58.76 (8.38)	64.26 (9.16)	−5.5 [−10.57, −0.43]*	0.20	63.48 (16.75)	75.06 (15.94)	−11.58 [−21.03, −2.13]*	0.22
WEMWBS	44.32 (7.78)	50.64 (8.26)	−6.32 [−10.96, −1.68]**	0.28	52.13 (13.83)	55.26 (12.37)	−3.13 [−10.71, 4.45]	0.03

Measures: SDQ – Strengths and Difficulties Questionnaire; PSI – Parenting Stress Index; CPRS – Child Parent Relationship Scale; BAP – Being a Parent scale; WEMWS – Warwick-Edinburgh Mental Wellbeing Scale.
* $p < .05$.
** $p < .01$.
*** $p < .001$.
[a] Confidence interval.
[b] Effect size.

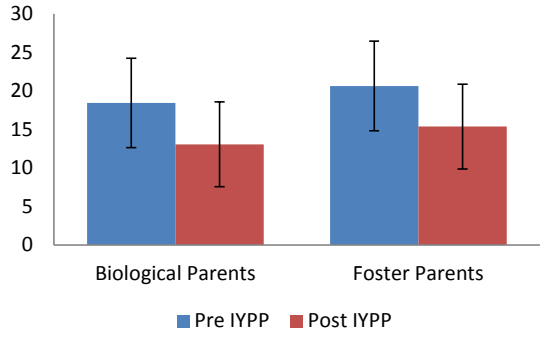

Fig. 1. Pre and post scores on the SDQ.

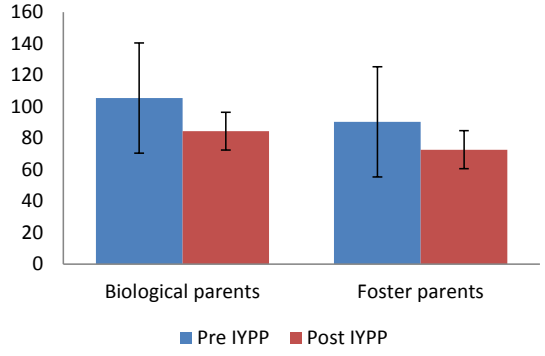

Fig. 2. Pre and post scores on the PSI.

Table 5
Themes and subthemes from the qualitative analysis.

Overarching themes	Sub-themes
Benefits and change process of IYPP	Parents' experiences
	Service provider experiences
Implementation factors	Buy-in and engagement challenges
	Adapting delivery for biological parents
	Difficulties for biological parents during access visits
	Enhance trauma-informed delivery of IYPP for foster children
	Parental challenges in understanding program principles

parents who had their kids were in the group because you would feel judged by them for being a bad parent. Like they would think that you abused them because they're in a foster home. But for me it was the drugs and I'm trying to get off them." *(Biological parent of 6-year-old child)*

"I liked that it was a program for foster parents to meet together. You would feel that parents with their own children might judge you or that they wouldn't understand the issues involved when there has been trauma. There's no other real forum for that and you can feel alone. I think Social Work should have it for all foster parents to do." *(Foster parent of 5-year-old child)*

3.2.1.2. Experiences of service providers. Service providers (n = 5) corroborated the benefits reported by biological and foster parents. They reported that the IYPP enhanced the standard service supports provided to foster parents and believed that improved relationships between foster parents and foster children in the earlier years would help prevent placement breakdown in adolescent years.

"We definitely think the IYPP should be part of foster training…It is important to strengthen the relationship between the child and the fostering family, which would hopefully prevent the fostering placement from breaking down. Because we often find that the placement breaks down when the child is in their teens and that is a high cost for the children and it costs the service a lot of money too." *(Social Worker)*

Social Workers and FSWs also highlighted the innovation of providing a service for biological parents within a Social Work agency in Ireland. They indicated that it was the first time that it was recognised within their organization that: (1) foster placement stability and child wellbeing are enhanced by developing positive relationships between the child and the biological parent; (2) building relationships and competencies of the biological parent is necessary in case of placement disruption or reunification; and (3) biological parents require supports for their own care as they typically suffer from a history of significant trauma.

"Generally there would be no service for this group at all [biological parents]…That someone gave them the time, space and kindness to care about them as people. What came out of my group very strongly was that they were saying there should be support and parenting groups for the parents of children in care." *(Social Worker)*

"Our experience is that if you don't have the intervention with the biological parents, those kids when they hit their teens don't have a positive relationship with the significant others in their lives. They hit their teens, they're questioning who they are, where they come

from, and if they don't have a good relationship with a biological parent to support them through that difficulty, it will have an impact on breaking down the stability of their foster placement." *(Family Support Worker)*

3.2.2. Implementation factors

3.2.2.1. Buy-in and engagement challenges. Recruitment of families was hindered, to some extent, by compartmentalization and perceived conflict of roles within the Social Work department. The involvement of the biological parents in the intervention, in particular, was perceived by some Fostering Social Workers as potentially undermining placement stability. It is important to note that within an Irish context, each child in care is assigned a Social Worker and foster parents are assigned a Fostering Social Worker, but these professionals do not routinely communicate with each other. In addition, it appeared in some cases, that the status of foster parents as 'professional caregivers' may have inhibited their openness to participate in a program to enhance their parenting competencies. Furthermore, recruitment was impeded as the majority of Fostering Social Workers and Access Workers were unaware of the evidence base for the IYPP and did not buy into it initially as a potentially efficacious approach to support foster children. However, the Social Workers and FSWs who were interviewed as part of this study indicated at two months post-intervention that the positive outcomes from the IYPP had raised the profile of the program within their organization (including among Fostering Social Workers) as offering an important resource to support foster children, carers and biological parents.

> "I think a part of it was to do with this being a radical new approach for our Social Work department and colleagues. What it required, on reflection, was that people needed to rethink what they thought about the biological parent. Initially, the Fostering Social Workers thought that by engaging with biological parents that we were undermining their work in getting the child being placed in care… We did a lot of work in getting the message across that this program was about developing the relationship between the child in care and their caregivers, both foster and biological parents…It wasn't about upsetting the status quo." *(Social Worker)*

3.2.2.2. Adapting delivery for biological parents. Due to the limited contact between biological parents and their children (ranging from thrice weekly unsupervised visits to fortnightly supervised visits), the facilitators adapted the IYPP to accommodate their circumstances, as advised by the program developer in modifying the program for child welfare populations (Webster-Stratton, 2014). For instance, they focused intensively on skills to strengthen the relationship between the parent and child during access visits, and placed less emphasis on academic readiness or time-out strategies. In addition, as the biological parents in this study suffered from a range of mental health issues, many of the modules were tailored towards self-care, establishing routines, and identification and regulation of parental emotions. For instance, the module on daily routines was tailored towards introducing more structure within the lives of biological parents rather than focusing on establishing routines for their children.

> "We wanted to focus on the parents building a more positive relationship with their children when they saw them…A lot of the biological parents didn't really have much of a positive relationship with their child. We really went into social and emotional regulation, both the parent's and the child's emotional regulation. So we didn't focus as much on time out because that wouldn't be appropriate for parents who only see their children in access once a week or fortnight." *(Family Support Worker)*

> "Facilitators need to think about the situation of the biological parent and their access to the child and adapt the program principles to them." (*Social Worker*)

3.2.2.3. Difficulties for biological parents during access visits. Seven of the twelve biological parents reported difficulties in implementing the skills during access visits. The infrequency of access (e.g. once a week or a fortnight) sometimes meant that there were only limited opportunities for practising skills between weekly sessions. Parents also felt monitored and judged by the supervising Access Workers, who were not trained in the IYPP, and were perceived as occasionally instructing parents in a manner contrary to IY principles. Facilitators attempted to overcome these obstacles by instructing the biological parents to practise the skills with the children of friends/relatives or with any of their other children who were living at home with them (where applicable), and to have confidence in using their new skills during access visits. In future program delivery, the Social Workers indicated the importance of training Access Workers in the IY principles so that they can facilitate and not potentially impede skills implementation during access visits. Notably, however, despite these difficulties during access visits, these parents reported substantial improvements in the quality of the relationships with their children.

> "A few times I wanted to try out some of the things I'd learned on the course but it was too awkward to relate to my kids. I felt they were judging the way I was saying things. They don't help you talk or have any sort of a natural relationship" *(Biological parent of 7-year-old child)*
>
> "Many of the parents would have had difficulties in interacting with their child in the access anyway, and prior to the program, the Access Worker would normally have taken the lead with that, tell them how to communicate better with the child. Some of the parents would have found it difficult to have the confidence to implement what they had learned in the course, especially in front of the Access Worker."(*Social Worker*)

3.2.2.4. Enhance trauma-informed delivery of IYPP for foster children. Four foster parents suggested that the delivery of the IYPP was not sufficiently trauma-informed in order to optimally meet the needs of foster children and carers. For instance, two foster parents indicated that they would have preferred more psycho-education and discussion specifically related to dealing with the trauma-related SEBD exhibited by foster children. They indicated that, despite efforts in implementing parenting skills, their index foster children (aged 8 and 10 years, respectively) were very troubled, continually rejected praise and play, and that it was very difficult to cope with their disruptive behavior following weekly access visits with the biological parent. Another foster parent questioned whether the module on household rules should be delivered closer to the start of the program given that foster children have often not being exposed to rules essential for smooth living (e.g. bedtime, eating meals at certain times). Nonetheless, it is important to note, that all four of these parents reported substantial improvements in the behavior of several other foster children within their families. Nevertheless, because they did not succeed in improving the behavior of their index foster child, they were somewhat disappointed with the intervention.

> "I don't think the IY program is really geared towards foster kids, especially if the foster kids have come from a very abusive background and are very disturbed. I think it's more for parents who have their own kids. The course didn't really go into issues about trauma in the background from how they were abused by their own parents. And the difficulties that can arise for a child from being placed in care. I'd like to see the videos showing how a foster family dealt with a child coming into the family, who had a lot of behavior difficulties

from being treated badly before. I didn't find the vignettes relevant. The course didn't help as much as I'd hoped." *(Foster parent of 10-year-old child)*

"Children who have been placed in foster care may have been treated very badly…I would have liked more discussion of how trauma affects the child and how I can deal with constant rejection of my parenting efforts." (*Foster parent of 8-year-old child*)

3.2.2.5. Parental challenges in understanding program principles. Twelve of the 23 interviewed parents (7 biological parents, 5 foster parents) indicated that they had to overcome personal and cultural barriers in order to learn and implement program principles and skills such as positive attention, praise, play and labelling feelings. The emphasis on positive attention appeared to be inconsistent with their 'informal' theories of successful parenting (e.g. that negative behavior should be punished immediately and not ignored). In addition, parents were uncomfortable with the 'cheesy' tone of skills such as praise and labelling feelings, which some attributed to the fact that they had not received similar emotional support from their parents when they were children. They indicated that, in order to overcome their resistance in utilizing these particular parenting strategies, they had to be persuaded to experiment and persist in implementing them. This finding is not unique to the current participants and is similar to that reported in a previous evaluation of the IYPP conducted in Ireland with socially deprived biological parents whose children lived with them (Furlong & McGilloway, 2012). It should be noted that, within the current study, half of the foster parents were kin carers, and were disadvantaged in several domains when compared to social norms. Therefore, service providers in Ireland (and elsewhere) should be aware that some foster parents, especially if disadvantaged, may require more time to understand and implement program skills.

"That was confusing at first when they said about ignoring the naughty behavior. It's very difficult to ignore a temper tantrum. It seemed like you were rewarding the child for being naughty." (*Foster parent of 6-year-old child*)

"It felt very false to praise him [the foster child] for every little thing…and talking about feelings…You'd feel people would be thinking, 'Who does she think she is?'…I see the benefits now but it felt very unnatural in the first while." *(Foster parent of 4-year old child)*

4. Discussion

The findings from this study indicate that the IYPP might usefully enhance the standard training and supports provided for foster children, carers and biological parents. Both foster carers (kinship and non-relative carers) and biological parents reported statistically significant improvements in child SEBD, parenting stress, parenting self-efficacy and the parent–child relationship. Furthermore, half of the biological parents and almost two-thirds (63%) of the foster parents obtained scores which had shifted from the clinical to the normal range on the SDQ and PSI, respectively. Biological parents also reported significant improvements in their mental health. The qualitative findings highlighted further benefits for families, including increased frequency of access visits for some biological parents, more trusting relationships with the Social Work department, and transfer of positive effects to siblings and other foster children. In addition, high levels of attendance and positive reports demonstrate that the intervention was highly acceptable to participants. Reassuringly, research indicates that reductions in child SEBD and parenting stress are linked to increased placement stability and, if maintained, can contribute to more positive, and less costly, long-term outcomes for families and public services (Chamberlain et al., 2006; Harkin & Houston, 2016).

This study offers an important contribution to the field as the first IY study to involve biological parents as part of the supports to enhance the wellbeing of foster children in long-term/permanent placements. The engagement of biological parents in supports for foster children is not common (Roarty et al. 2018; Slettebo, 2013) and to our knowledge, only the intensive and costly Multidimensional Treatment Foster Care program, and the KContact intervention in Australia, include biological parents as part of their intervention/support packages (Hambrick, Oppenheim-Weller, N'zi, & Taussig, 2016; Suomi et al., 2020). Linares et al. (2006) did recruit foster and biological parent-pairs to the IYPP, but their sample was different in that foster placements were temporary and reunification was the official goal. The findings from the current study indicate that the engagement of biological parents may contribute to more positive relationships with their children, thereby scaffolding placement stability, which may be particularly helpful in adolescence when issues of identity and belonging come to the fore (Sen & Broadhurst, 2011; Sinclair & Wilson, 2003). In addition, placement disruption is common, with up to a half of foster children reunifying with their birth parents at some point (Harkin & Houston, 2016); therefore, it is in the child's best interests if they have developed a positive relationship with their biological parent(s) and the parent's competencies have been promoted.

Several barriers in delivering the IYPP to biological parents were identified, which may provide useful lessons for implementation elsewhere. Firstly, as well as time and resource limitations, recruitment was somewhat hindered by a belief by some Social Workers and Fostering Social Workers that the involvement of biological parents would undermine placement stability. Internationally, the organizational structure of Social Work practice has similarly been characterized as fragmented and not supportive of biological families (Schofield et al., 2011). Our findings show that promoting positive relationships between foster children and biological parents contributes to child wellbeing, and potentially reduces the risk of place breakdown.

Secondly, the IYPP requires some adaptation when delivered to biological parents, who may only see their child during weekly or fortnightly access visits. In the current study, clinicians focused more on the relationship-building skills of the program (e.g. play, praise, social and emotional regulation) whilst de-emphasizing time-out or consequences, as the implementation of the latter during access visits could produce aversive effects. They also advised biological parents to practise skills during the week with children of friends or relatives, or with other children living with them. Furthermore, several of the IY modules typically targeted at children were reworked toward developing the self-care of biological parents, such as establishing routines and emotional regulation. Thirdly, it was advised that it would be helpful if Access Workers were also trained in the IY principles so that they could more effectively facilitate positive relationships between biological parents and children during access visits. Lastly, a trauma-informed approach is recommended in working with birth parents. Within the study, all of the biological parents had suffered considerable trauma in their lives (6 + Adverse Childhood Experiences), and research indicates that where such trauma is unresolved/untreated, it is linked with poor parenting practices in adulthood (e.g. insecure attachment, decreased sensitivity to child) (Lange, Callinan, & Smith, 2019). Several of the biological parents noted that the level of care and understanding shown to them by Social Work facilitators with regard to their childhood trauma greatly contributed to their mental wellbeing. These adaptations are informative in terms of increasing the potential for achieving positive outcomes with biological parents.

The current findings also contribute to the small, but growing body of evidence that supports the effectiveness of the IYPP with foster parents in reducing child SEBD and improving parent competencies (e.g. Bywater et al., 2011; Nilsen, 2007). The qualitative findings highlight several issues that may be specific to delivering the IYPP to foster carers. For instance, it was believed that the recruitment of foster parents and their engagement with the IYPP was inhibited to some degree by their status as 'professional caregivers'. This phenomenon has been reported

elsewhere (McDaniels et al., 2011). Therefore, it is suggested that the initial appeal of the IYPP to foster parents may be increased if it is framed as developing expertise specific to foster care rather than a method of enhancing standard parenting skills. In addition, the rationale for, and value of, delivering the IYPP to biological parents in parallel, should be carefully explained to foster carers in order to allay any possible fears they may have about reunification or placement disruption.

Importantly, there may be considerable merit in integrating a trauma-informed approach when delivering the IYPP to foster carers. For instance, four foster parents in the current study advised that it may be beneficial to: adapt standard play and praise modules for children in care and also to include psycho-education around foster care concerns, such as the effects of trauma on child behavior, navigating relationships with biological families, and other common problems/situations faced by foster parents. The clinicians in this study augmented the IYPP modules around relationship-building for the children, but this did not appear to be sufficient for a small number of foster parents (n = 4) in managing particularly challenging child SEBD. The findings from previous evaluations of the IYPP for foster parents suggest some degree of adaptation to the program before implementation. For instance, two studies suggested that video materials should be retained, but that it may be helpful for facilitators to specifically modify the discussion in order to address issues relevant to foster parents, including those mentioned above, but also providing psycho-educational material on the legal system and social services (Hutchings & Bywater, 2013; Nilsen, 2007). In addition, it has been documented that traumatised foster children may react differently to play, praise, incentives and rules, than non-traumatised children (Gil, 2017; Henderson & Sargent, 2005). For example, verbally praising foster children or providing descriptive commentary during child-led play may provoke disruptive behavior as they are not familiar with positive care-giving relationships. Therefore, foster parents are advised to use more subtle, non-verbal strategies (e.g. smile, eye contact, thumbs-up signal, quiet attending), which have been shown to elicit less aggressive behavior (Henderson & Sargent, 2005). Difficulty with praise may also have been exacerbated in the current study as, not only did some children reject praise, but some foster parents indicated discomfort in giving praise to the child in the first place, thereby reflecting personal and cultural challenges with praise that have been noted elsewhere (Furlong & McGilloway, 2012).

Furthermore, the play of children in care may often include higher levels of aggression, violence, death and catastrophe than in non-traumatised children (Lotty, Bantry-White, & Dunn-Galvin, 2020). Many foster parents may feel that it is important to prohibit or reprimand expressions of violence in play, much as they would in a real-life interaction, and thus may feel uncomfortable playing with the foster child. However, it is recommended that carers allow the aggressive 'theme' to continue within structured playtime as foster children often use play to work through their unresolved feelings and conflicts (Henderson & Sargent, 2005). On the other hand, IY facilitators and foster parents also need to be aware that occasionally, play following trauma can become toxic and re-traumatising, i.e. marked by characteristics of repetition, rigidity, dissociation, lack of pleasure, and failure to improve child wellbeing (Gil, 2017). In this instance, it may be more appropriate to refer the child (and family) to evidence-based play therapy or to trauma-focused cognitive-behavioral therapy (Cohen & Mannarino, 2015; Ray, Armstrong, Balkin, & Jayne, 2015). Therefore, it is essential that IY facilitators train carers to recognise the signs of trauma-related behaviors in foster children, are equipped to adapt the IYPP as appropriate, and can refer families to other supports if required.

4.1. Study limitations

The findings are limited by the small sample size (23 foster children with 46 biological and foster parent pairs), absence of a randomized control design (due to lack of time and resources), and an insufficient timeframe within which to follow up with participants. The study was intended as an exploratory investigation but we note the need for a larger controlled trial. In addition, the findings reported here reflect the views and experiences of participants linked to one Social Work department within a socially deprived, urban area in Ireland. Therefore, caution is advised in generalizing the findings to other Social Work practices/areas. For instance, we did not include families where foster children had only monthly contact (or less) with biological parents, as it was believed by clinicians that there would be insufficient opportunity for biological parents to implement the skills with their children during the study timeframe. While over 50% of foster children in Ireland have at least weekly contact with a family member (biological parent, siblings and/or grandparents) (HIQA, 2019), we do not know if the results could be generalized to settings with less frequent contact. In addition, all foster carers in the current study had an allocated Fostering Social Worker but this is not necessarily the case in all areas, where provision of such supports may not occur or be of mixed quality (HIQA, 2019). Furthermore, there was an over-representation of boys in the sample when compared to norms in Ireland for children in foster care (69% vs. 52%). The sampling bias was due to the small number of families recruited. However, there were no significant differences reported in SEBD by gender at baseline or post-intervention and we do not have evidence that boys suffer more SEBD than girls in foster care. Lastly, the qualitative findings indicated that siblings/other foster children may have also benefited from the intervention, so future quantitative research might consider examining outcomes pertaining to siblings as well as the index children.

4.2. Conclusion

The findings reported here contribute to a small, but growing body of evidence which shows that the IYPP – a relatively brief, low cost, and replicable intervention – can equip foster carers to manage SEBD within foster children, promote the parenting competencies of both foster carers and biological parents, and enhance the child's relationship with both sets of parents. The qualitative findings highlight several important factors for consideration when implementing the IYPP for children in foster care including: potential difficulties in engaging both foster and biological parents within current Social Work infrastructure; making appropriate adaptations of the IYPP for both sets of parents, and the importance of integrating delivery with a trauma-informed approach. Challenging SEBD in foster children has been linked to placement breakdown and lifetime maladaptive developmental trajectories (Harkin & Houston, 2016; Roberts et al., 2004); it follows, therefore, that improvements in child behavior and parent–child relationships, if sustained, may potentially enhance placement stability, and reduce associated long-run mental health, occupational and service utilization costs. Thus, there may be considerable utility in providing the IYPP as part of the standard training and supports for foster children, carers and birth parents, and especially if larger scale trials can be undertaken in the future.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of Maynooth University's Social Research Ethics Committee (Reference number SRESC-2015-005) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards (World Medical Association Declaration of Helsinki, 2013). Written informed consent was obtained from all participants in the study. Other ethical procedures included: confidentiality (and limits to confidentiality where there is a risk of harm); right to withdraw from research without affecting rights to service provision; and debriefing, i.e. providing supports if parents were upset during or after an interview.

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CRediT authorship contribution statement

Mairead Furlong: Conceptualization, Methodology, Investigation, Resources, Data curation, Formal analysis, Project administration. **Fergal McLoughlin:** Formal analysis, Validation, Writing - review & editing. **Sinead McGilloway:** Funding acquisition, Conceptualization, Writing - review & editing, Project administration.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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